

Report Prepared By LAWRENCE E.DRING JR. (Name)		UTILITIES LINE SUP (Title)	Report ID 640	
Date\Time SSO Discovered	06/09/2015 1:00 PM	Duration of Discharge	60 MINUTES	
Date \ Time SSO Response Init	iated 06/09/2015 1:05 AM	Initial Overflow Volume Overflow Volume Recovered Net Overflow Volume	200 Gallons 0 Gallons 200 Gallons	Estimated Measured
Type of Facility FORCE MAIN	Facility Name\Number	502367	Service Area	BROADWATER
Address 6036 Street MELE	BOURNE AVE	Community MASO	NS BEACH	
Zip Code 20751	Latitude 38.77304	Longitude -76.55094	ADC Map\	Grid 34A8
NPDES Permit Violation ? Yes	s ☑ No ☐ Identify any	Body of Water Impacted by SSO	HERRING BAY	
Additional Location Information (if BAY. required):	SEWER OVERFLOW ENTE	ERED STORM INLET APPROXIM	ATELY 200 FEET NO	RTHWEST OF HERRING
Cause of Overflow MECHA	NICAL FAILURE			
Was Media Contacted ? Yes	s No Please List:			
The Following Agencies were	Notified Emergency Dis-	oatch, State Health Dept., Coun		
Office, Director - DPW, Mary	land Department of the En	vironment, Deputy Director - Di	W Health Dept., Cou	Inty Executive's
Additional Information about Cause of SSO	ITUDINAL SPLIT IN SIX IN	ICH CAST IRON FORCE MAIN C	AUSED BY EXTERNA	AL CORROSION.
Measures Taken to Minimize Impact	IFFECTED AREA WAS VAC	CUUMED OF LOOSE WATER AN	D SIGNS POSTED.	
Actions Taken to THE D Prevent WILL Reoccurrence	DETERIORATED SECTION (BE EVALUATED AND REH	OF CAST IRON PIPE WAS REPL ABILITATED AS NEEDED.	ACED. APPROXIMAT	ELY 800FT OF MAIN
NOTE: Follow Policy and Proce	edure for telephone reporting	and follow-up reports		
cc: Sharon Talley, MDE K. Topovski, MS 3101	Utility Admini Matt Diehl, M	istrator, WW, MS 4325		
County Executive, MS 1406 Chief Administrative Officer,	Ginger Ellis,		perintendent Name (Pl	ease Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4 Community Services, MS 14		Sup	perintendent Signature	\ Date
Emergency Services, MS 42 Customer Relations, MS 74	293	Utili	ty Operations Adminis	trator Signature \ Date



Report Prepared By LAWRENCE E. DRI (Name)	NG JR	UTILITIY LINE SUPER (Title)	INTENDANT Report ID 64
Date\Time SSO Discovered 06/23/2015 10:	09 AM Dura	tion of Discharge	2 HOUR(S)
Date \ Time SSO Response Initiated 06/23/20	015 10:14 AM Overflow \	al Overflow Volume Volume Recovered at Overflow Volume	300 Gallons 0 Gallons Estimated ✓ Measure 300 Gallons
Type of Facility FORCE MAIN Facility	Name\Number 502366		Service Area BROADWATER
Address 6062 Street DRUM POINT RD		Community DEALE	
Zip Code 20751 Latitud	e 38.7775	Longitude -76.55784	ADC Map\Grid 33K7
NPDES Permit Violation ? Yes ₩ No	Identify any Body of Wa	ater Impacted by SSO	ROCKHOLD CREEK
Additional Location SANITARY SEWER OVE Information (If required):	RFLOW ENTERED STOR	M INLET APPROXIMA	ATELY 60 FEET EAST OF ROCKHOLD CRE
Cause of Overflow MECHANICAL FAILU	RE		
Was Media Contacted ? Yes ☐ No ✔	Please List:		
The Paller I and American Marie 1			
The Following Agencies were Notified: Er Office, Director - DPW, Maryland Departm	nergency Dispatch, State	e Health Dept., Coun Deputy Director - DF	ty Health Dept., County Executive's
A 1.00 11 5 11	CAST IRON FORCE MAII		
about Cause of SSO	OND! INON! ONDE MAIN	TOROGED DI EXILI	MAL GORROSION.
Measures Taken to THE AFFECTED AI Minimize Impact	REA WAS LIMED AND SIG	GNS POSTED.	
	ED SÈCTION OF CAST IR ALUATED AND REHABILI		ACED. APPROXIMATELY 2023 FEET OF
NOTE: Follow Policy and Procedure for telep	phone reporting and follow-	up reports	
cc: Sharon Talley, MDE K. Topovski, MS 3101	Utility Administrator, WW Matt Diehl, MS 7400	/, MS 4325	
County Executive, MS 1406 Chief Administrative Officer, MS 1405	Ginger Ellis, MS 7409 File	Sup	erintendent Name (Please Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4285 Community Services, MS 1408		Sup	erintendent Signature \ Date
Emergency Services, MS 4293 Customer Relations, MS 7400	Phone (410)222-7500	Utili	ty Operations Administrator Signature \ Date



Report Prepared By THOMAS HALLER (Name)		ACTING UTILITY LI (Title)	NE SUPERINTENDEN	Report ID 645
Date\Time SSO Discovered 08/03/2015 2	:45 PM	Duration of Discharge	1 HOUR(S)	
Date \ Time SSO Response Initiated 08/03/		Initial Overflow Volume erflow Volume Recovered Net Overflow Volume	100 Gallons0 Gallons100 Gallons	Estimated Measured
Type of Facility SEWER MANHOLE Facility	Name\Number 113	13	Service Area	BROADWATER
Address 4821 Street IDLEWILD RD		Community SHAL	DY SIDE	
Zip Code 20764 Latitud	e 38.84473	Longitude -76.497	44 ADC Map	Grid 30J8
NPDES Permit Violation ? Yes V No	Identify any Bod	y of Water Impacted by SS	O JACKS CREEK	
Additional Location information (if required):				
Cause of Overflow SEWER BLOCKAGE				
Was Media Contacted ? Yes ☐ No ✔	Please List:			
The Following Agencies were Notified: El Office, Director - DPW, Maryland Departr	mergency Dispatch	, State Health Dept., Co.	unty Health Dept., Co	unty Executive's
Additional Information about Cause of SSO 8" GRAVITY SEWI	ER WAS BLOCKED	BY GREASE AND ROOTS	S.	
Measures Taken to THE AREA OF THI Minimize Impact	E SPILL WAS LIME	D AND SIGNS POSTED.		
Prevent LINE CLEANING TREOCCURRENCE	TO FOLLOW AS NE		POST CCTV INSPECTI	ON AND ADDITIONAL
NOTE: Follow Policy and Procedure for tele				
c: Sharon Talley, MDE K. Topovski, MS 3101	Utility Administrat Matt Diehl, MS 74	or, WW, MS 4325 400 -		
County Executive, MS 1406 Chief Administrative Officer, MS 1405	Ginger Ellis, MS 7 File	_	uperintendent Name (P	lease Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4285 Community Services, MS 1408		s	uperintendent Signatur	e \ Date
Emergency Services, MS 4293 Customer Relations, MS 7400	Phone (410)22	 2-7500	tility Operations Admini	strator Signature \ Date



Report Prepared By LAWRENCE E. DRING JR. (Name)		UTILITIES LINE SUPERINTENDENT (Title)		Report ID 674
Date\Time SSO Discovered 03/09/2016	9:00 AM	Duration of Discharge	1 HOUR(S)	
Date \ Time SSO Response Initiated 03/0		Initial Overflow Volume Overflow Volume Recovered Net Overflow Volume	0 Gailons	imated 🙀 Measured
ype of Facility FORCE MAIN Facili	ty Name\Number 5		100 Gallons Service Area BRO	DADWATER
ddress 6085 Street DRUM POINT RI		Community HERR	ING BAY VIEW	
Zip Code 20751 Latite	ude 38.77565	Longitude -76.5584		33K8
PDES Permit Violation ? Yes 🕢 No	Identify any B	ody of Water Impacted by SSC	NONE	
dditional Location formation (if quired):				
ause of Overflow STRUCTURAL FAIL	URE			
/as Media Contacted ? Yes No	Please List:			
Office, Director - DPW, Maryland Depart dditional Information pout Cause of SSO SSO WAS CAUS FORCE MAIN		CORROSION CREATING A		H CAST IRON
easures Taken to THE AFFECTED inimize Impact	AREA WAS LIMED	AND SIGNS POSTED		
etions Taken to THE 6 INCH MAIN event ecocurrence	N WAS REPAIRED	WITH A STAINLESS STEEL	REPAIR CLAM	
NOTE: Follow Policy and Procedure for tel	ephone reporting a	nd follow-up reports		
Sharon Talley, MDE		rator, WW, MS 4325		
K. Topovski, MS 3101 County Executive, MS 1406 Chief Administrative Officer, MS 1405	Matt Diehl, MS Ginger Ellis, MS File	5 7409 Su	perintendent Name (Please	Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4285 Community Services, MS 1408		Su	perintendent Signature \ Dat	te
Emergency Services, MS 4293		Uti	lity Operations Administrator	Signature \ Date



Report Prepared By LAWRENCE E. DF (Name)	RING JR. UTILITIES	UTILITIES LINE SUPERINTENDENT (Title)	
Date\Time SSO Discovered 07/26/2017	B:56 AM Duration of Dis	charge 45 MINUTES	
Date \ Time SSO Response Initiated 07/26	/2017 9:00 AM Overflow Volume Re	ecovered 20 Gallon	Estimated Measured
Type of Facility FORCE MAIN Facility	Name\Number 502368	Service Ar	ea BROADWATER
Address 759F Street MASONS BEACH	RD Commu	nity DEALE	
Zip Code 20751 Latitud			ap\Grid 34A7
NPDES Permit Violation ? Yes ✓ No	Identify any Body of Water Impac	ted by SSO HEAD WATERS	OF PARKER CREEK
Additional Location Information (if required):			
Cause of Overflow CONTRACTOR DAM	AGE		
Was Media Contacted ? Yes ☐ No ☑ The Following Agencies were Notified: E			
Additional Information about Cause of SSO Office, Director - DPW, Maryland Departs CONTRACTOR DE	RILLED INTO THE 8" FORCE MAIN	irector - DPW	
Measures Taken to SHUT PUMPING S Minimize Impact	TATION OFF AND HAULED TO TRE	ATMENT PLANT	
Actions Taken to CUT OUT DAMAG Prevent Reoccurrence	ED PIPE AND INSTALLED 2' OF NE	N PIPE	
NOTE: Follow Policy and Procedure for tele	phone reporting and follow-up reports		
cc: Sharon Talley, MDE K. Topovski, MS 3101	Utility Administrator, WW, MS 4325 Matt Diehl, MS 7400		
County Executive, MS 1406 Chief Administrative Officer, MS 1405	Ginger Ellis, MS 7409 File	Superintendent Name	(Please Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4285 Community Services, MS 1408		Superintendent Signat	ure \ Date
Emergency Services, MS 4293 Customer Relations, MS 7400	Dhara (440)222 7522	Utility Operations Adm	inistrator Signature \ Date



Report Prepared By LAWRENCE E. DRING JR. (Name)		UTILITIES LINE SUPERINTENDENT (Title)		Report ID 736
Date\Time SSO Discovered 11/19/2017	'9:10 PM	Duration of Discharge	140 MINUTES	
Date \ Time SSO Response Initiated 11/1		Initial Overflow Volume erflow Volume Recovered Net Overflow Volume	1,000 Gallons 800 Gallons 200 Gallons	Estimated Measured
Type of Facility FORCE MAIN Facili	ty Name\Number 5023	71-10250	Service Area	BROADWATER
Address 5120 Street CHALK POINT R	tD.	Community WES	T RIVER	
Zip Code 20778 Latit	ude 38.8278	Longitude -76.539		Grid 30C1
NPDES Permit Violation ? Yes No	Identify any Body	of Water Impacted by SS		
Additional Location Information (if required):	, , , , , , , , , , , , , , , , , , , ,	an read impacted by 60	•	
Cause of Overflow STRUCTURAL FAIL	LURE			
Was Media Contacted ? Yes ☐ No 6	Please List:			
	_			
The Following Agencies were Notified:	Emergency Dispatch.	State Health Dept., Co.	unty Health Dept Cou	nty Evacutive's
Office, Director - DPW, Maryland Depar	tment of the Environn	nent, Deputy Director - I	DPW	my Expoditive s
Additional Information about Cause of SSO THE 8" DIP FOR	CE MAIN HAD A 1" HO	OLE AT THE 12 OCLOCK	POSITION	
Measures Taken to 8" FORCE MAIN Minimize Impact AND DEBRIS FR	REPAIRED WITH STA OM AFFECTED AREA	INLESS STEEL REPAIR AND LIMED.	CLAMP, VACUUMED S	TANDING WATER
Actions Taken to REPAIRED FORCE Prevent	E MAIN			
Reoccurrence				
NOTE: Follow Policy and Procedure for tel	ephone reporting and fo	ollow-up reports		
c: Sharon Talley, MDE K. Topovski, MS 3101	Utility Administrator	r, WW, MS 4325		
County Executive, MS 1406 Chief Administrative Officer, MS 1405	Matt Diehl, MS 740 Ginger Ellis, MS 74 File		uperintendent Name (Ple	ease Print)
Director, DPW, MS 7400 Deputy Director, BUO, MS 4285 Community Services, MS 1408		Se	uperintendent Signature	\ Date
Emergency Services, MS 4293 Customer Relations, MS 7400	Phone (410)222-7	Ut	tility Operations Adminis	trator Signature \ Date



Report Prepared By LAWRENCE E. DRING JR. (Name)		UTILITY LINE SUPERINTENDENT (Title)		Report ID 761
Date\Time SSO Discovered 05/10/201	8 7:18 AM	Duration of Discharge	26 MINUTES	
Date \ Time SSO Response Initiated 05/	10/2018 7:23 AM	Initial Overflow Volume Overflow Volume Recovered Net Overflow Volume	250 Gallons100 Gallons150 Gallons	Estimated Measured
Type of Facility FORCE MAIN Faci	lity Name\Number	502371-10250	Service Area	BROADWATER
Address 5120 Street CHALK POINT	RD	Community BAHAN	AA VIEW	
Zip Code 20778 Lati	itude 38.82782	Longitude -76.53951	ADC Map\6	Grid 30C11
NPDES Permit Violation ? Yes ₩ No	Identify any	Body of Water Impacted by SSO	NONE	
Additional Location Information (if required):				
Cause of Overflow STRUCTURAL FA	ILURE			
Was Media Contacted ? Yes No	Please List:			
The Following Agencies were Notified:	Emergency Disp	atch, State Health Dept., Cour	ty Health Dept., Cou	nty Executive's
Additional Information				
about Cause of SSO	RROSSION CAUS	ED A 1 1/2" HOLE IN THE FOR	CE MAIN.	
Measures Taken to SPILL AREA WA	AS VACUUMED O	F ANY STANDING WATER, LIM	ED AND SIGNS POST	TED.
Minimize Impact				
Antinua Talana ta				
Prevent	MAIN WAS REPA	IRED WITH A STAINLESS STEE	L REPAIR CLAMP.	
Reoccurrence				
NOTE: Follow Policy and Procedure for to	oloobana	and falls		
c: Sharon Talley, MDE K. Topovski, MS 3101	Utility Admini Matt Diehl, M	strator, WW, MS 4325		
County Executive, MS 1406	Ginger Ellis, I		perintendent Name (Pl	ease Print)
Chief Administrative Officer, MS 1405 Director, DPW, MS 7400	File			
Deputy Director, BUO, MS 4285		Sup	perintendent Signature	\ Date
Community Services, MS 1408				
Emergency Services, MS 4293 Customer Relations, MS 7400		Utili	ty Operations Adminis	trator Signature \ Date



Report Prepared By LARRY PARSONS (Name)		UTILITY LINE SUPERINTENDENT (Title)		Report ID 767
Date\Time SSO Discovered 06/03/20	018 7:02 PM	Duration of Discharge	6 HOUR(S)	
Date \ Time SSO Response Initiated 0	6/03/2018 7:07 PM	Initial Overflow Volume Overflow Volume Recovered Net Overflow Volume	15,300 Gallons 0 Gallons 15,300 Gallons	Estimated Measured
Type of Facility FORCE MAIN Fa	cility Name\Number	502357-10315	Service Area	BROADWATER
Address 1558 Street COLUMBIA B	EACH RD	Community COLUM	BIA BEACH	
Zip Code La	atitude 38.82419	Longitude -76.50168	ADC Map\	Grid
NPDES Permit Violation ? Yes 📝 No	Identify any	Body of Water Impacted by SSO		
Additional Location Information (if required):				
Cause of Overflow STRUCTURAL F	AILURE			
Was Media Contacted ? Yes 🕡 No	Please List:	LOCAL NEWS		
The Following Agencies were Notified	l: Emergency Disp	atch, State Health Dept., Count	v Health Dept Cou	nty Executive's
Office, Director - Drive, Maryland Dep	partment of the Env	rironment, Deputy Director - DP	w	and an arrangement of the second
Additional Information about Cause of SSO TWO HOLES I	FOUND IN THE DU	CTILE IRON FORCEMAIN ALONG	THE SAME RADIAL	- AXIS
Measures Taken to SIGN POSTED Minimize Impact				
Actions Taken to Prevent Reoccurrence	STEEL REPAIR CI	AMP WAS INSTALLED.		
NOTE: Follow Policy and Procedure for	telephone reporting	and follow-up reports		
c: Sharon Talley, MDE		strator, WW, MS 4325		
K. Topovski, MS 3101	Matt Diehl, M	S 7400 ——	nintandant Nama (DI	
County Executive, MS 1406 Chief Administrative Officer, MS 1409 Director, DPW, MS 7400	Ginger Ellis, I 5 File	vis 7409 Supe	erintendent Name (Pl	ease Print)
Deputy Director, BUO, MS 4285 Community Services, MS 1408		Supe	erintendent Signature	\ Date
Emergency Services, MS 4293		I Delica-	Operations Adminio	trator Signature \ Date
Customer Relations, MS 7400	Phone (4	10)222-7500	Operations Auminis	u ator Signature \ Date